

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809

TEL.: 587-0460 FAX: 587-0470



RECEIVED

JAN 3 0 2003

LOBBYIST REGISTRATION FORM

(See back of this (Type or

IISTRATION FORM	700	X
form for instructions)	Og	
Print Clearly) E ETHIOS STATE		

PART I LOBBYIST	;				
NAME(Last)	(First)	(Middle)		TELEPHONE	
_		(,		TEECH TONE	
Lyons MAILING ADDRESS (Street)	Tim	L.		537-4308	
(Ollegi)		(City)	(State)	(Zip Code)	
677 Ala Moana Blvd.		Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in	n only if you are employed by a bus	iness entity which has been re	stained to lobby) TELEPHONE	
TLC - The Legislati	ve Center. Inc.			537-4308	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
Same as above					
cane as above					
PART II ORGANIZATION					
NAME OF ORGANIZATION YOU LO	BBY FOR (Do not abbreviate)			TELEPHONE	
Ocean Tourism Coalit	ion			808-871-7947	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
355 Hukilike St. #20	2	Kahului	HI	06772	
NAME OF PERSON RESPONSIBLE				96732 TELEPHONE	
			-, . ,	1222, 710112	
Toni Davis MAILING ADDRESS (Street)		(O)A. \(\)	(01-1-)	808-871-7947	
, ,		(City)	(State)	(Zip Code)	
355 Hukilike St.		Kahului	HI	96732	
PART III DESCRIPTION O	OF SUBJECTS UPON WHIC	NU VOLL EVENT TO L	ODDV		
PART III DESCRIPTION C	DE SUBJECTS UPON WHIC	ON TOU EXPECT TO L	UDDT		
Agriculture	Education	Human Services	S	cience, Technology & conomic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Rel	ations, T	ourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	T	ransportaion	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	er 🗀 C	Other: (indicate below)	
Ecology, Energy, Environmental Protection	Housing	Public Safety & Correct	ctions -		
			· ·		
PART IV CERTIFICATION	OF LOBBYIST				
	formation furnished above is,	to the best of my knowle	edge, correc	t and complete.	
2/1/-2					
	Signature of Lobbyist)	,	(Dat	ə) ,	
PART V AUTHORIZATIO	N TO LOBBY	TITLE OF ALITHODIZING O	FEIGER OF BE	DOON DEDDECENTED	
NAME		TITLE OF AUTHORIZING O	FFICER OR PE	HOUN REPRESENTED	
Toni Davis		Executive Director			
NAME OF ORGANIZATION (if applic	cable)			TELEPHONE	
Ocean Tourism Coalit	ion			808-871-7947	
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)	
355 Hukilike St. #20	$\frac{2}{}$	Kahului	HI n hohalf of t	96732	
/ hereby/authorize the abo	ove - named person to engag	ie in lobbying activities o	. /	ie undersigned.	
(Motoliuthol) X - 1/31/03					
(Signature of Authorizing Officer or Person Represented) (Date)					